

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respo	nse16.00

SEC	USE O	<b>NLY</b>
Prefix	 	Serial
DA	TE RECEIV	ED .

Name of Offering ( check hinis an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply)	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	04039067
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  ALLIANT NETWORKS, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1259 Birchwood Drive, Sunnyvale, CA 94089	Telephone Number (Including Area Code) (408) 744-1500
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Computer Networking Products	PROCESS
Type of Business Organization    Corporation   Iimited partnership, already formed   other (p)   business trust   Iimited partnership, to be formed	lease specify): AUG 0 2 2004
Actual or Estimated Date of Incorporation or Organization:     Month   Year	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlessigning of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director Managing Partner Full Name (Last name first, if individual) Slater, James C. Business or Residence Address (Number and Street, City, State, Zip Code) 1259 Birchwood Drive, Sunnyvale, CA Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Executive Officer

Director

General and/or

Managing Partner

				B. J	NFORMAT	ION ABOU	T OFFERI	ING	i de santa		u.	
1. Has	the issuer so	ld, or does t	he issuer i	ntend to se	ell, to non-a	ccredited	investors in	n this offer	ing?		Yes [X]	No
	•	•			n Appendix				_			<u></u>
2. Wha	t is the minir	num investi	nent that v	vill be acce	pted from	any individ	iual?				<u>\$1,3</u>	330
											Yes	No
	s the offering											X
comi lf a p or sta	r the informa mission or sir person to be li ates, list the r oker or deale	nilar remune sted is an as name of the b	eration for s sociated po proker or d	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso.	ection with er registere ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	he offering. with a state		
Full Nam	e (Last name	first, if ind	ividual)									
Business	or Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)				<del> </del>		
Name of	Associated B	roker or De	aler	<del></del>								
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			······		<del></del>	
(Che	ck "All State	s" or check	individua	l States)							☐ Al	1 States
AL IL MT RI	IN NE	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Nam	e (Last name	first, if ind	ividual)									
Business	or Residenc	e Address (	Number ar	d Street, C	City, State,	Zip Code)						
Name of	Associated B	roker or De	aler					<u> </u>				
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individua	States)							☐ Al	1 States
AL IL MT RI	IN NE	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Nam	e (Last name	first, if ind	ividual)			-					•	
Business	or Residenc	e Address (	Number an	d Street, C	ity, State, 2	Zip Code)			· · · · · ·			
Name of	Associated B	roker or De	aler		·				<del></del>			
States in	Which Perso.	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<del></del>					
(Che	ck "All State	s" or check	individual	States)	•••••			•••••			☐ Al	l States
AL IL MT	IN	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		A
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	<u>\$ 18,520</u>	<u>\$ 18,520</u>
	X Common Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests	\$	\$
	Other (Specify)		
	Total	<u>\$ 18,520</u>	<u>\$ 18,520</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	1	\$ 7,200
	Non-accredited Investors	7	<u>\$ 11,320</u>
	Total (for filings under Rule 504 only)	8	<b>\$</b> 18,520
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	<u> </u>	\$
	Regulation A		\$
	Rule 504		\$
	Total	Ø	sø
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		] <sup>1</sup> \$
	Printing and Engraving Costs	[	] \$
	Legal Fees	[	<b></b>
	Accounting Fees	[	\$
	Engineering Fees		 ] \$
	Sales Commissions (specify finders' fees separately)	r	
	Other Expenses (identify)		
	Total		

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	uestion 4.a. This difference	is the "adjusted gross			\$	Ø
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of t proceeds to the issuer set forth in response to Part C	purpose is not known, fur he payments listed must equ	nish an estimate and				
				D	yments to Officers, rectors, & ffiliates		ayments to Others
	Salaries and fees		[	_] \$_	7,200	\$_	11,320
	Purchase of real estate		[	<b>]</b> \$_		_ \$_	
	Purchase, rental or leasing and installation of mach and equipment			ן \$		<b>[]</b> \$	
	Construction or leasing of plant buildings and facili		-	_			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another		_] <b>\$</b> _		_ 🗆 \$_	
	Repayment of indebtedness		[	\$_		. <b>S</b> _	
	Working capital		[	]\$_	<del></del>	_ s_	
	Other (specify):		[	]\$_		. 🗆 \$_	
				<b>]</b> \$_		\$_	
	Column Totals		[	_] <b>\$</b> _	7,200	🗆 \$_	11,32
	Total Payments Listed (column totals added)				<u></u> \$_1	8,520	)
		D. FEDERAL SIGNATU	RE		10		
sigi	issuer has duly caused this notice to be signed by the usature constitutes an undertaking by the issuer to furnitinformation furnished by the issuer to any non-accre	sh to the U.S. Securities an	d Exchange Commis	sion,	upon writte		
Issı	er (Print or Type)	Signature	I	Date			
A	lliant Networks, Inc.	17-5814	·		May 12	, 200	14
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Ty	pe)				
J.	ames C. Slater	President					

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	or the first the second of	E. STATE SIGNATU	RE								
1.	ls any party described in 17 CFR 230.262 provisions of such rule?				Yes	No 🗌					
	See	Appendix, Column 5, for st	ate response.								
2.		The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to issuer to offerees.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	limited Offering Exemption (ULOE) of the st	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	er has read this notification and knows the conte thorized person.	ents to be true and has duly ca	used this notice to be	signed on its behal	f by the t	undersigned					
lssuer (l	Print or Type)	Signature	<del></del>	Date							
Name (I	Print or Type)	Title (Print or Type)									

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and amount purchased in State explanation of waiver granted) offering price to non-accredited offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors State Yes Amount Amount No ALAKAZAR CA CO $\mathsf{CT}$ DE DC FL GA HI ID IL IN lA KS KY LA ME MD MA MI MN MS

APPENDIX

## APPENDIX 5 2 3 4 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and amount purchased in State offering price explanation of to non-accredited offered in state waiver granted) investors in State (Part C-Item 1) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RΙ SC SD TN TX UT VT VA WA WV WI

	and the state of t	E. STATE SIGNATURE	an property							
1.	Is any party described in 17 CFR 230.262 proprovisions of such rule?	esently subject to any of the disqualification		Yes	No 🗌					
	See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	er has read this notification and knows the conte thorized person.	nts to be true and has duly caused this notice to b	e signed on its behal	f by the 1	ındersigned					
Issuer (	Print or Type)	Signature	gnature Date							
Name (1	Print or Type)	Title (Print or Type)								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					ENDIX				
1		2	3		4				
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									